

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 561610

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4						
5				4		
6				4		
7				1		
8				4		
9				4		
10				1		
11				4		
12				4		
13				4		
14				4		
15				1		
16				4		
17				4		
18				1		
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50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	47	←		←
TOTAL CLAIMS			48			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						